

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/829,026</td> </tr> <tr> <td>Filing Date</td> <td>April 20, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Douglas F. Bateson</td> </tr> <tr> <td>Title</td> <td>Method and System for Providi</td> </tr> <tr> <td>Art Unit</td> <td>3691</td> </tr> <tr> <td>Examiner Name</td> <td>Bijendra K. Shrestha</td> </tr> <tr> <td>Attorney Docket Number</td> <td>36287-4601</td> </tr> </table>	Application Number	10/829,026	Filing Date	April 20, 2004	First Named Inventor	Douglas F. Bateson	Title	Method and System for Providi	Art Unit	3691	Examiner Name	Bijendra K. Shrestha	Attorney Docket Number	36287-4601
Application Number	10/829,026														
Filing Date	April 20, 2004														
First Named Inventor	Douglas F. Bateson														
Title	Method and System for Providi														
Art Unit	3691														
Examiner Name	Bijendra K. Shrestha														
Attorney Docket Number	36287-4601														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28221

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or individual Name

Address

City

State

Zip

Country

Telephone

Email

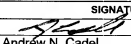
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE OF Applicant or Assignee of Record

Signature		Date	2/25/09
Name	Andrew N. Cadel	Telephone	
Title and Company			
Managing Director and Associate General Counsel			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.